



# Recurrent CA cervix stage IIIB

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# 42-Y Female

- Functional status – PPS 60%
- Address – Kalasin province
- Last admission : 20/6-29/7/16 UTI c AKI c Hydronephrosis S/P Rt PCN
- PC consultation for symptom control and continuity of care

# Pertinent History

- Know case of cervix CA stage IIIB presented with vaginal discharge.
- Cervical mass found on PV.
- Cervical Bx - well diff Adenocarcinoma
- S/P EBRT x 3 started on Aug 15
- CCRT Sep 15
- S/P single cisplatin x 6 cycles, last 29/9/15

# Pertinent History - 1<sup>st</sup> Admission

- Pelvic and vaginal pain & pain when urinate
- Pain control with MST (30 mg) 1 tab q12hr.  
MO syrup 3 ml prn for BTP q2h., need 4-5 BT doses.
- No further disease-modifying treatment.
- Refer to PC

# Pertinent History - 1<sup>st</sup> Admission

**Functional status: PPS 80 %**

**Physical symptoms:**

1. Pelvic pain, back ground 7/10, worse 9/10, need 4-5 BT doses.
2. Bleeding per rectal from hemorrhoid
3. Constipation – hard stool
4. Insomnia from poor pain controlled.

# Pertinent History - 1<sup>st</sup> Admission

## Management:

1. Pain → MST (30) 1 tab q8hr.  
MO-IR (10mg) 2 tab PRN. For BTP q2h.  
Brufen (400mg) 1x3 Omeprazole (20mg) 1x1 ac  
Amitrip (10mg) 1 tab hs.
2. Constipation → senokot 2 tab BD.  
Lactulose 30 ml hs x 5 day
3. Hemorrhoid - proctocydil 1 tab rectal suppos.
4. Daflon 1x3
5. Insomnia - ativan (0.5mg) 1 tab PRN.

# Pertinent History – 2<sup>nd</sup> Admission

Admitted with AKI

- 03/9/15 BUN 11.3 Cr 0.9 (1<sup>st</sup> admission)
- 19/6/16 BUN 19.8 Cr 4.8 (2<sup>nd</sup> admission)
- U/S KUB - Bilateral hydronephrosis and hydroureters
  - Perinephric fluid at right kidney
  - Bilateral ureteral obstruction → Right PCN

# Pertinent History – 2<sup>nd</sup> Admission

20 Ju – 29 Jul 16

## Physical symptoms:

- Pelvic pain background pain 5-6/10, best 4/10, worse 10/10.
- Fentanyl 50:1 IV drip 3.5 ml/hr.  
→ methadone (5mg) 5 tab q8h.
- Discharged after completed AB for UTI.



# Pertinent History – 2<sup>nd</sup> Admission

- U/S KUB ก่อน discharge
  - Increased amount of turbid fluid collection with internal septation at right perinephric space
  - DDx turbid fluid or perinephric hematoma.
  - tumor invade urinary bladder and lower uterine segment
  - Complex cystic mass with solid compartment at left adnexa.

# Pertinent History – 3<sup>rd</sup> Admission

Oct 4, 16 – until now

- Chief Complain: Came for FU with urologist.
- Present Illness:
  - Developed fever 7 days PTA with abdominal pain, vomiting 1-2 times on day of admission, bowel open daily. (did not take methadone that day)
- Severe anemia detected (Hct 18%), received blood transfusion at ER while waiting for inpatient bed.

# Physical Examination

- Distressed from abdominal pain
- Markedly pale, no jaundice, impalpable LN
- Abdomen: generalize tenderness, rebound tenderness +ve, no guarding, 8 cm mass at suprapubic area, fix, hard consistency.
- Ext: Mild swelling of Rt leg.

## PV:

- MIUB normal
- Vg - turbid yellowish foul smell discharge
- Cx - stenosis, no bleeding
- Culdesac - free

# Physical Symptom

- Pain –new severe abdominal pain, non-colic with signs of peritonitis
- Constipation
- Nausea vomiting
- Anemia – from hematuria, chronic illness
- DVT Rt leg

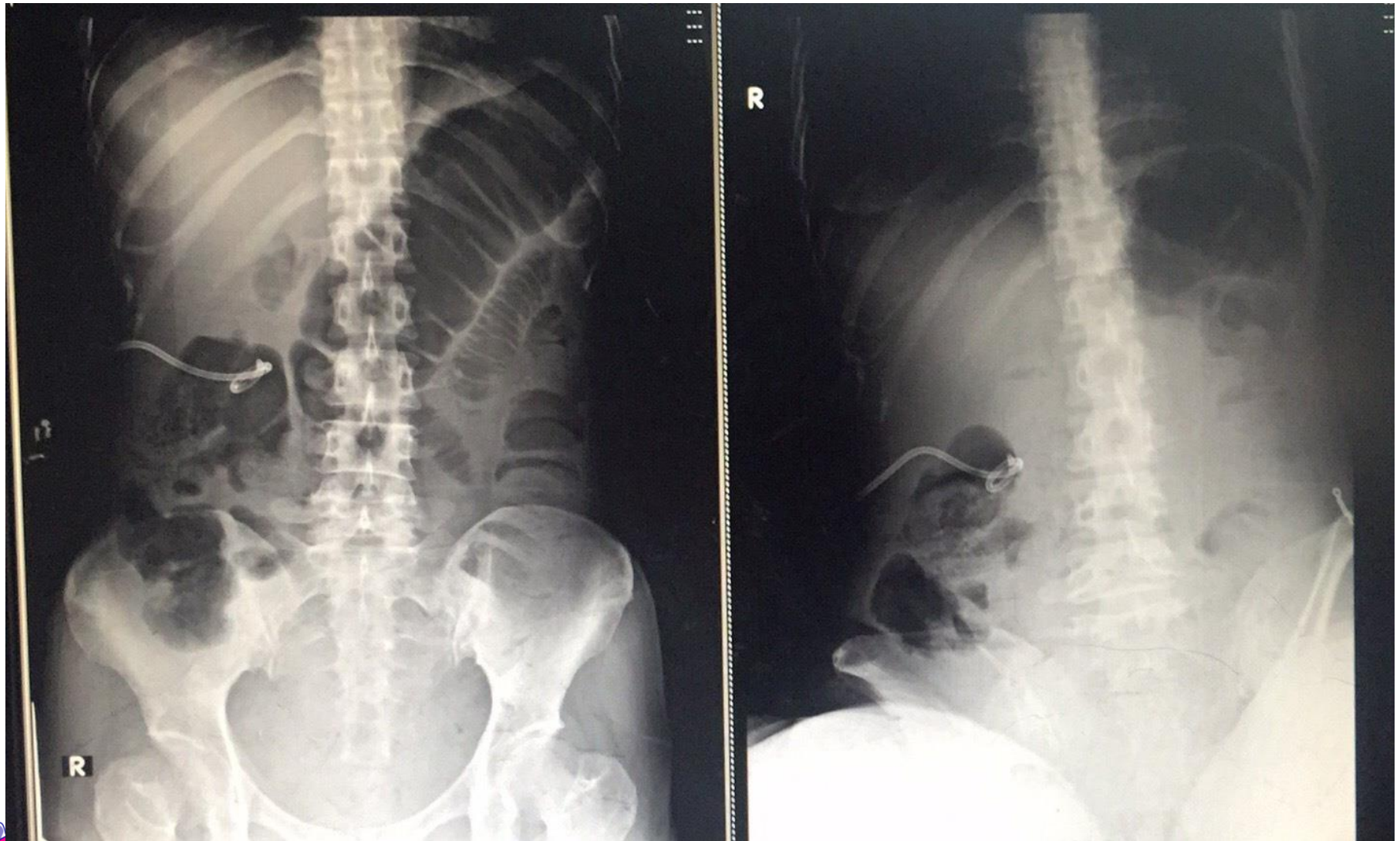
# Blood Chemistry

	1 <sup>st</sup> Admission	2 <sup>nd</sup> Admission		3 <sup>rd</sup> Admission
Date	3/9/15	19/6/16	28/7/16	3/10/16
BUN	11.3	19.8	8.7	17.5
Cr	0.9	4.8	1.4	1.5
Na	140	126	136	122
K	3.4	3.8	4.3	4.5
HCO <sub>3</sub>	24.3	25	30.4	25.9
Cl	102	86	92	87
Ca		7.8	8.9	8.4
Mg		2.8	2.0	3.7
PO <sub>4</sub>		1.4	3.1	1.9
Alb		2.7	3.3	2.7

# Blood Chemistry

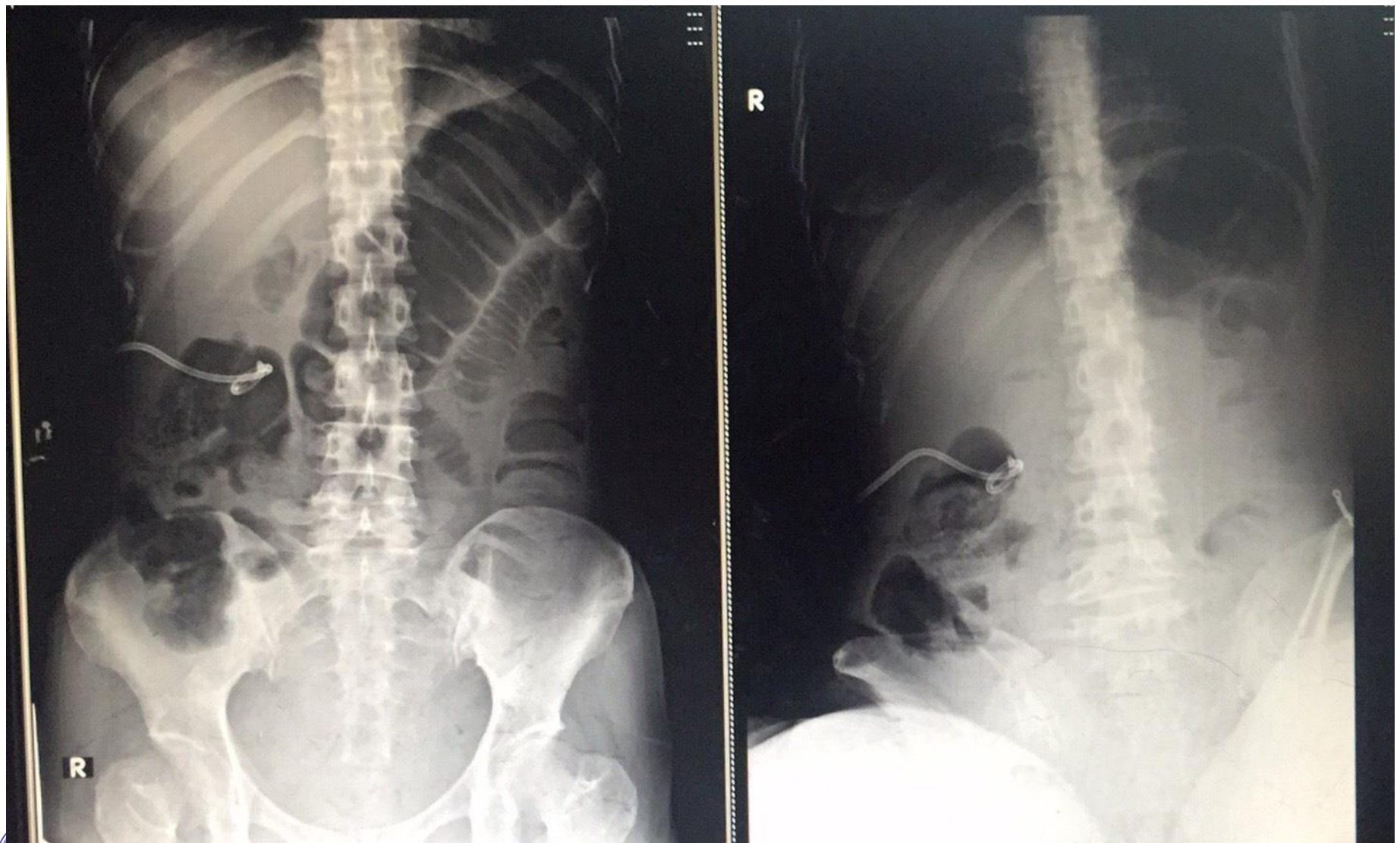
	1 <sup>st</sup> Admission	2 <sup>nd</sup> Admission		3 <sup>rd</sup> Admission
Date	3/9/15	19/6/16	28/7/16	3/10/16
Hb	8.9	10.2	8.3	5.8
Hct	28.6	31	25.6	18.3
WBC	4,600	6,700	7,900	13,600
Plt	262,000	510,000	405,000	460,000
PT				21.2
PTT				34
INR				1.75

# Abdomen series (3/10/16)





# Abdomen series (4/10/16)





# CT upper abdomen

- Suspected hollow viscous organ perforation due to evidence of **intraabdominal free air**.
- Fluid collection at right subhepatic region and lower part of abdominal cavity.
- Large cervical mass causing pressure effect to rectum and bilateral obstructive uropathy.
- Left hydronephrosis with small size and impair renal function.
- Fatty liver with two small liver metastasis.

# Operation (Oct 5,16)



## Operative findings:

- Frozen pelvis with contact bleeding
- Stomach , duodenum, small intestine, colon were unremarkable
- Fecal load at left side colon
- Loop colostomy was done
- 2 Jackson drains

Jackson drain

# Palliative care management

- Fentanyl 50 mcg:1cc IV drip 5 ml/h titrated up to 18 ml/hr. pain score still 10/10  
(Fentanyl = 900 mcg/h)
- Ketamine 25 mg q6h.
- Amitriptyline (25mg) 1 tab hs.
- Pain still poorly controlled → fentanyl was switched to morphine 20 mg q4h.

# Palliative care management

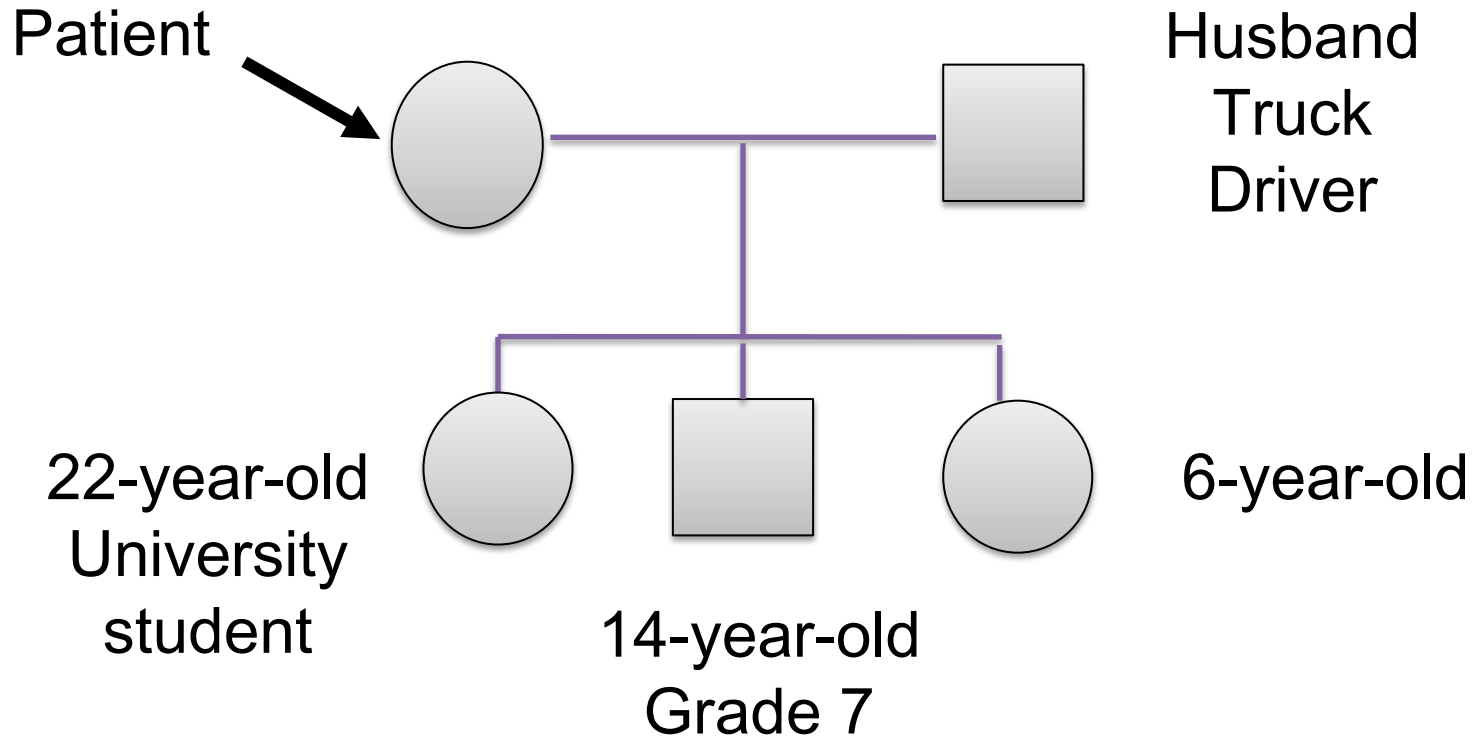
Resume oral feeding & meds

- Methadone 6 tab q8h
- Ketamine 0.25 ml q6h
- Amitrip (25mg) 1 tab hs.
- MO 20 mg IV PRN for BTP q2h
- Developed mild delirium → hadol (0.5mg) hs.

# Palliative care management

- Pain not well controlled
- Methadone → 8 tab q8h.
- Ketamine 0.25 ml q6h.
- Amitrip 25 1 tab hs
- Mo 30 mg IV PRN for BTP q2h.
- Hadol 0.5 mg 2 tab morn + hs.
- Later pain was under controlled.

# Genogram



# Psychosocial Assessment

- Patient and family knew that her cancer will not be cured, inform prognosis 6-12 months.
- Patient concerns of dying in pain. Sad to leave all her children.
- Husband very supportive.

# Advance Care Plan

- Comfort care
- Refuse all life support
- Place of care/dead- home



# Progression

- Fever persisted while receives meropenem + Tazacin + Fosfomycin (C/S from Jackson drain – CRE)
- Repeat CT abdomen (Oct 20,16) – Fluid collection anterior to uterus and Rt side pelvic cavity. Plan for drainage by body IR team.
- Nov 2,16 – decreased amount of collection, drainage was canceled.
- Plan for discharge home after discontinue AB.

# Thank You for your attention

